

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ALL CITIZENS FOR MISSISSIPPI</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564351
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>American Media &amp; Advocacy Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>
Mailing Address <b>815 Slaters Lane</b>		Amount <b>20577.81</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>Radio Ad</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.4196</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Name of Federal Candidate <b>THAD COCHRAN</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>6197.90</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

Full Name of Payee <b>Jackson Free Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 16 / 2014</b>
Mailing Address <b>125 S Congress St</b> <b>Suite 1324</b>		Amount <b>1875.00</b>
City <b>Jackson</b>	State <b>MS</b>	Zip Code <b>39201</b>
Purpose of Expenditure <b>Print Advertisement</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.4247</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2014</b>
Name of Federal Candidate <b>THAD COCHRAN</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>3049.90</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>22452.81</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jacqueline Vann

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>ALL CITIZENS FOR MISSISSIPPI</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564351	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Jackson Advocate</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 11 / 2014</b>	
Mailing Address <b>438 Mill St</b>		Amount <b>1174.90</b>	
City <b>Jackson</b>	State <b>MS</b>	Zip Code <b>39202</b>	Transaction ID : <b>SE.4248</b>
Purpose of Expenditure Print advertisement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 11 / 2014</b>	
Name of Federal Candidate <b>THAD COCHRAN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <b>2014</b> <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>The Jackson Advocate</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 19 / 2014</b>	
Mailing Address <b>438 Mill St</b>		Amount <b>1548.00</b>	
City <b>Jackson</b>	State <b>MS</b>	Zip Code <b>39202</b>	Transaction ID : <b>SE.4249</b>
Purpose of Expenditure Print advertisement	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 20 / 2014</b>	
Name of Federal Candidate <b>THAD COCHRAN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <b>2014</b> <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2722.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jacqueline Vann*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**07 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	3	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>ALL CITIZENS FOR MISSISSIPPI</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564351	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Mississippi Link</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 19 / 2014</b>	
Mailing Address <b>2659 Livingston Rd</b>		Amount <b>1600.00</b>	
City <b>Jackson</b>	State <b>MS</b>	Zip Code <b>39213</b>	Transaction ID : <b>SE.4250</b>
Purpose of Expenditure <b>Print advertisement</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 20 / 2014</b>	
Name of Federal Candidate <b>THAD COCHRAN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>6197.90</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <b>2014</b> <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1600.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>26775.71</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jacqueline Vann*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**07 / 29 / 2014**

Signature